

FEB 10 2005

VIA FACSIMILE (703) 872-9302

9D-HL-20081  
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian Johanski, et al.

Art Unit: 1746

Serial No.: 10/064,499

Examiner: Stinson, Frankie L.

Filed: July 22, 2002

For: WASHING MACHINE RINSE CYCLE  
METHOD AND APPARATUSMail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

1. Transmitted herewith is:

Certificate of Facsimile Transmittal (1 pg.)  
Response to Office Action (Restriction Requirement) dated January 25, 2005 (2  
pgs.)

## STATUS

2. Applicant

 Claims small entity status.  
 is other than a small entity.

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

 Deposited with the United States Postal Service  
with sufficient postage as "Express Mail Post Office to  
Addressee" in an envelope addressed to: Commissioner  
for Patents, Washington, D.C. 20231.

## FACSIMILE

 Transmitted by facsimile to the Patent and  
Trademark Office at (703) 872-9306.Date: February 10, 2005Rozell Williams Jr.  
Rozell Williams, Jr.  
Reg. No. 44,403

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=	x \$9 = \$		x \$18 = \$
	MINUS	=	x \$43 = \$		x \$86 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		+ \$145 = \$		+ \$290 = \$
			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a)  No additional fee for claims is required.

OR

(b)  Total additional fee for claims required \$

## FEE PAYMENT

5.  Attached is a check in the sum of \$

Charge Deposit Account No. 01-2384 the sum of \$  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

## AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:

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